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| | | | | | P | 7/24/07 | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENT |)R | АТТО | RNEY DOCKET NO. | CONFIRMATION NO. |
| 10/813,766 | 03/31/2004 | | Bruce Edward LaVign | c | | 200314974-1 | 5250 |
| TITLE OF INVENTION | : METHODS AND API | ARATUS FOR SELECT | TON OF MIRRORED T | RAFFIC | | · · · · · · · · · · · · · · · · · · · | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | E PREV. PAID ISS | UE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | МО | \$1400 | \$300 | \$0 | | \$1700 | 12/06/2007 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| HO, DU | | 2616 | 370-390000 | | | | |
| 1. Change of corresponde CFR 1.363). | ence address or indication | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys | | | | | |
| Change of corresponded Address form PTO/SE | ondence address (or Cha 3/122) attached. | or agents OR, alternatively, | | | | | |
| ☐ "Fee Address" ind | ication (or "Fee Address 2 or more recent) attack | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DAT | A TO BE PRINTED ON | THE PATENT (print or | type) | | | |
| PLEASE NOTE: Uni recordation as set fort | ess an assignee is ident h in 37 CFR 3.11. Com | ified below, no assigned pletion of this form is NO | data will appear on the T a substitute for filing a | patent. If an assig in assignment. | mee is i | sentified below, the do | cument has been filed for |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Hewlett-Packard I | Development Com | ipany, L.P. | Houston, Texas | | | | |
| Please check the appropri | iate assignee category or | categories (will not be pr | rinted on the patent) : | ☐ Individual 🖾 (| Corporati | ion or other private grou | p entity Government |
| 4a. The following fcc(s): | are submitted: | 41 | b. Payment of Fee(s): (P | ease first reapply | any prev | rionsly paid issue fee si | ноwп above) |
| ☐ A check is enclosed. | | | | | | | |
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| 5. Change in Entity Stat | | d above) | overpayment, to De | posit Account Num | DET_UB- | -2025 (enclose an | extra copy of this form). |
| a. Applicant claim | SMALL ENTITY SUM | us. Sec 37 CFR 1,27. | | | | ITTY status. See 37 CFI | |
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| Authorized Signature | 11111 | Must | | Date | 7/2 | 24/07 | |
| Typed or printed name | DOLIGIAS M G | ILBERT | | Registration | No. 2 | 7,196 | |
| This collection of inform an application. Confident submitting the completed this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223 Under the Paperwork Rea | ation is required by 37 Ciality is governed by 35 is application form to the ons for reducing this built-ginia 22313-1450. DOIS-1450. | U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR | depending upon the interest of the complete comp | r retain a benefit by estimated to take 12 lividual case. Any icer, U.S. Patent and TO THIS ADDRES | the public minutes comment d Traden SS. SENI | ic which is to file (and) to complete, including s on the amount of tim nark Office, U.S. Depar D TO: Commissioner for | gatiering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450, |
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